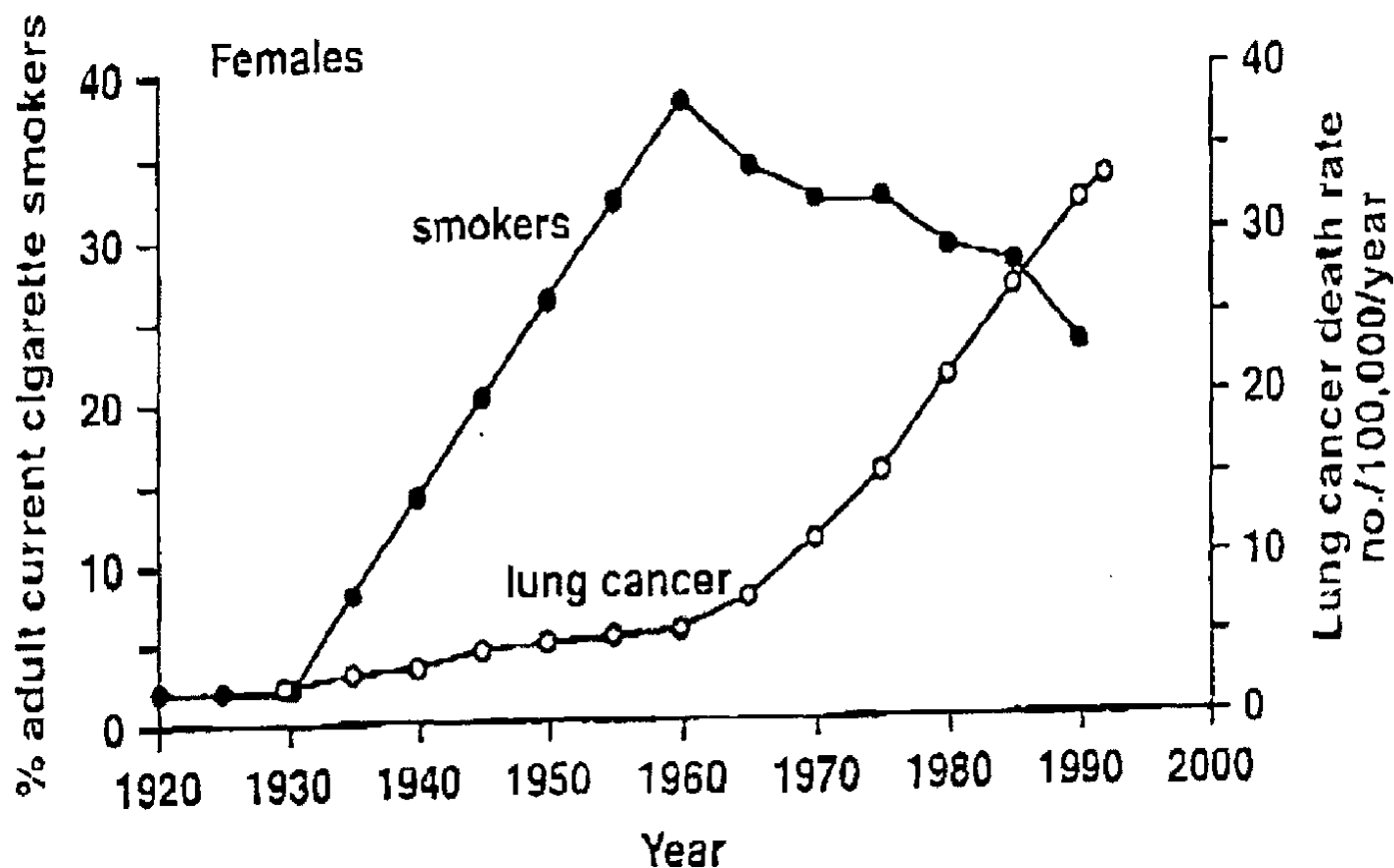


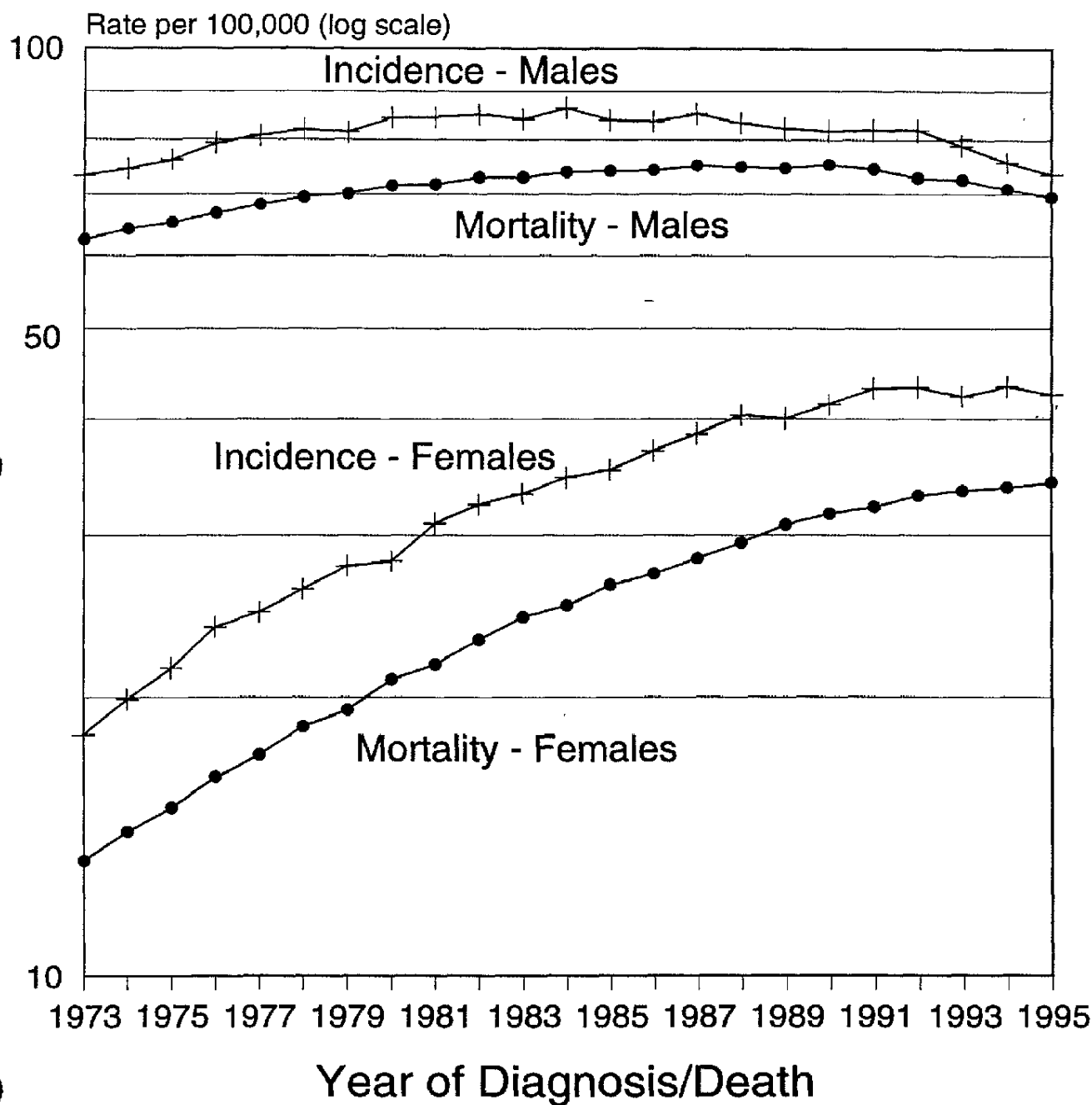
# Trends in US lung cancer mortality

US age-adjusted female lung cancer mortality rate, 1930-1990



- (Fig. 2. From: Weiss, W., Cigarette Smoking and Lung Cancer Trends. A light at the end of the tunnel?, *Chest*, 111(5): 1414-1416, 1997.

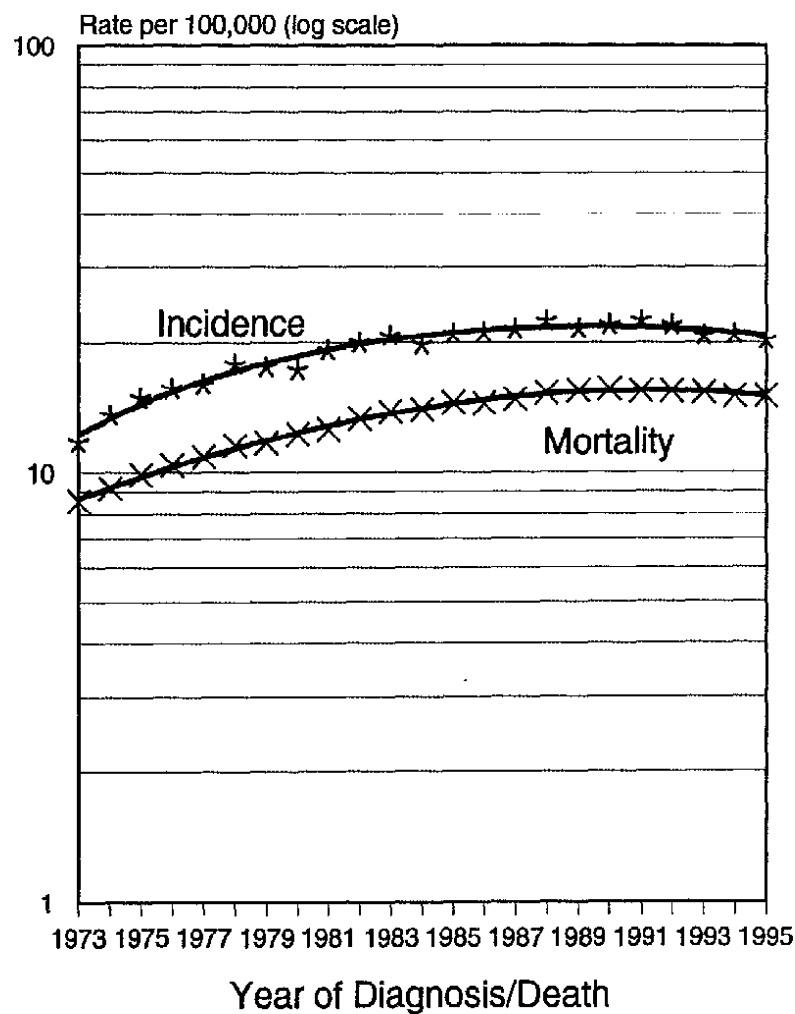
## Cancer of the Lung &amp; Bronchus

SEER Incidence & U.S. Mortality Rates, 1973-1995  
By Sex, All Races

Age-adjusted to 1970 Standard

# SEER Incidence and U.S. Mortality Lung, Female, Under 65 Years of Age By Race

White



Black

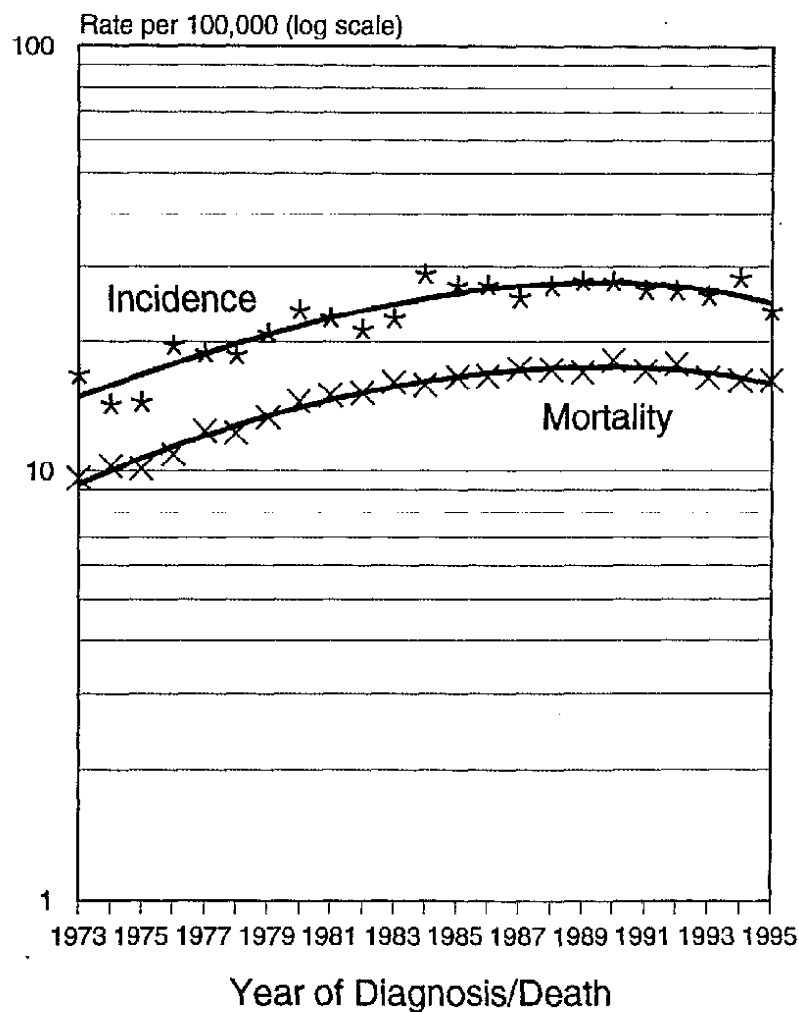


Figure XV-2

## ***Histological Type ?***

- Reports on changing trends in specific types of lung cancer
  - Compensatory smoking
  - Changes in smoke composition
- e.g., Stellman et al. 1997 and Levi et al. 1996
- However, specific data not available

**Table 10** Risk of Lung Cancer by Histologic Type in Association with Dose and Duration of Tobacco Smoke Exposure

		Number of cigarettes smoked per day					
		0	1-10	11-20	21-30	31-40	40+
<i>Males</i>							
Kreyberg I <sup>a</sup> (n = 676)		1.0	13.3	15.8	29.6	37.7	64.1
Kreyberg II (n = 475)		1.0	2.4	8.4	15.4	11.1	28.4
<i>Females</i>							
Kreyberg I (n = 401)		1.0	6.6	18.2	26.5	95.2	88.7
Kreyberg II (n = 384)		1.0	3.1	4.5	9.4	13.8	20.7
		Years of smoking <sup>c</sup>					
		1-29	30-39	40-49	≥50		
<i>Males</i>							
Squamous (n = 3708)		1.0	2.3	3.3	4.0		
Small-, oat cell (n = 1172)		1.0	1.8	2.2	2.4		
Adenocarcinoma (n = 716)		1.0	1.5	1.8	1.5		
<i>Females</i>							
Squamous (n = 272)		1.0	2.4	2.5	5.1		
Small-, oat cell (n = 199)		1.0	2.1	1.6	4.7		
Adenocarcinoma (n = 223)		1.0	2.0	1.8	3.3		
		Years of smoking <sup>d</sup>					
		# cig/day	1-29	30-39	40+		
<i>Males</i>							
Squamous/oat (n = 396)		1-19	2.3	2.9	5.0		
		20-29	2.6	3.9	10.4		
		30+	7.7	8.3	31.2		
Adenocarcinoma (n = 163)		1-19	1.4 <sup>f</sup>	2.2	2.6		
		20-29	0.7 <sup>f</sup>	1.5 <sup>f</sup>	3.6		
		30+	5.4	3.2	11.8		

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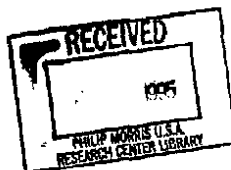
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# EPIDEMIOLOGY OF LUNG CANCER

Edited by

Jonathan M. Samet

University of New Mexico School of Medicine  
and the New Mexico Tumor Registry  
Albuquerque, New Mexico



Marcel Dekker, Inc.

New York • Basel • Hong Kong

## Library of Congress Cataloging-in-Publication Data

Epidemiology of lung cancer / edited by Jonathan M. Samet.  
p. cm. -- (Lung biology in health and disease; 74)  
Includes bibliographical references and index.  
ISBN 0-8247-8852-2 (alk. paper)  
1. Lungs--Cancer--Epidemiology. I. Samet, Jonathan M. II. Series: Lung biology in health and disease; v. 74.  
[DNLM: 1. Lung Neoplasms--epidemiology. W1 LU62 v.74 1994 / WF 658 E64 1994]  
RC280.L8E65 1994  
614.5'999--dc20  
DNLM/DLC  
for Library of Congress

93-46314  
CIP

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Marcel Dekker, Inc.  
270 Madison Avenue, New York, New York 10016

Current printing (last digit):  
10 9 8 7 6 5 4 3 2 1

PRINTED IN THE UNITED STATES OF AMERICA

4

## Lung Cancer and Cigarette Smoking

ANNA H. WU-WILLIAMS

University of Southern California  
School of Medicine  
Los Angeles, California

JONATHAN M. SAMET

University of New Mexico School  
of Medicine  
and the New Mexico Tumor Registry  
Albuquerque, New Mexico

### 1. The Evolution of the Evidence on Tobacco Smoking and Lung Cancer

The causal relationship between smoking and lung cancer was clearly established in cohort and case-control studies reported in the 1950s and 1960s. Many of the studies conducted in the last two decades have further refined description of the relationship between tobacco smoking and lung cancer while reaffirming the causal nature of this association. Results from these studies show that differences in various aspects of smoking behavior affect lung cancer risk and can account for most observed differences in lung cancer rates among population groups. These newer studies considered such aspects of smoking behavior as age at starting to smoke, numbers of cigarettes smoked, types of cigarettes smoked, and inhalation pattern.

These studies also provide data on the risk of smoking as cigarettes have changed with the addition of filters and other modifications designed to reduce the amount of tar and nicotine delivered to the smoker. The results of the studies conducted during the 1970s and 1980s have clear public health implications as they have addressed these newer, purportedly lower-risk products.

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# Trends of histological types of lung cancer

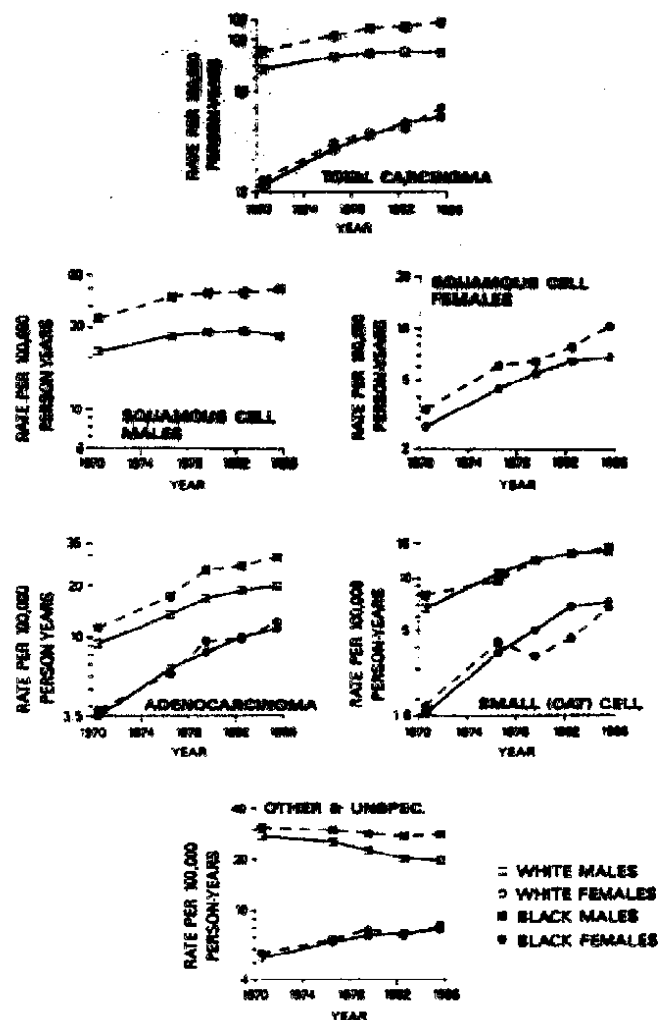


Fig. 1. Age-adjusted incidence trends in carcinoma of the lung in five geographic areas by histological type, race, and sex, 1969-71 to 1984-86.



# Trends of histological types of lung cancer

Sq. males:  
(wt + wh)  
levels off  
since 1980

adeno:  
(be + wt)  
male + female  
increase

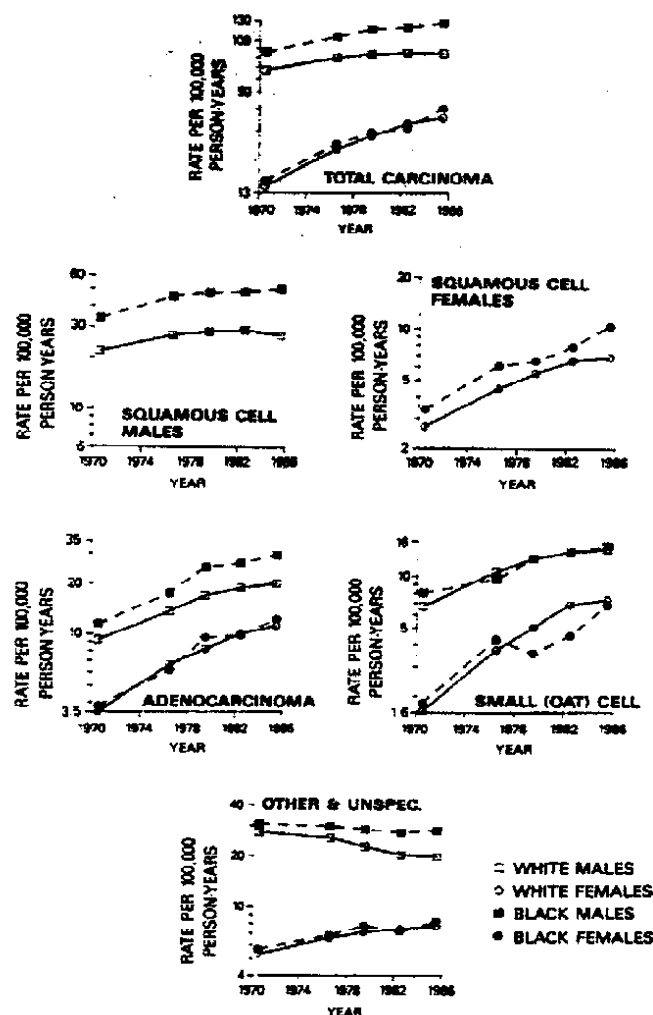


Fig. 1. Age-adjusted incidence trends in carcinoma of the lung in five geographic areas by histological type, race, and sex, 1969-71 to 1984-86.

## *Examples of Potential Smoke Constituents or their Metabolites as Biomarkers of Exposure*

### Particulate Phase

- Nicotine Metabolites  
(More than just cotinine)
- 4-aminobiphenyl (adducts)
- benzo[a]pyrene (adducts)
- PAH (adducts to plasma albumin)
- TSNA related biomarkers
- solanesol
- metals

### Gas/Vapor Phase

- carbon monoxide (COHb)
- cyanide (thiocyanate)
- acetonitrile
- aldehyde metabolites
- 2,5-dimethylfuran

# ***NRC-based Guidelines***

e.g.

- Unique or nearly unique for cigarette smoke
- Easily and accurately quantifiable in body fluid(s)
- Indicative for long-term exposure
- Fairly constant ratio to other cigarette smoke constituents

Benowitz, N.L., Biomarkers of environmental tobacco smoke exposure, *Environmental Health Perspectives*, 107(2): 349–355 (1999)

## *Test Population*

- Sufficient number of participants to ensure statistical power
- Demographics representative
  - Geographic location
  - Ethnic composition
  - Age distribution
  - Gender distribution
- Collect information valuable to address relevant genetic polymorphisms

## *Exposure Analysis*

- Number of cigarettes smoked/day
- FTC tar and nicotine rating of cigarettes smoked
- Diary/questionnaire information on how test population smokes
- Objective measure wherever possible

## *Sampling methodology*

- Minimal impact on smoking patterns
- High level of subject compliance
- Accepted and validated analytical methodology
- Establishment of analytical and biological variation (inter-personal, intra-personal)
- Data analysis with predetermined methods and research hypotheses

# RELATIONSHIP OF CIGARETTE FACTORS TO AGE ADJUSTED LUNG CANCER INCIDENCE

